REGISTRATION FORM
PRESIDENT JAMES A. GARFIELD HERITAGE HIKE
SATURDAY, NOVEMBER 19, 2016
8:45 a.m. – 3:30 p.m.

Name(s):_____

Address:_____

Phone & Email:_____

Emergency Contact: Name/Phone:_____

Hike length *(circle one)*:

- Full 12.5 mile hike
- Short 2.5 mile hike

T-shirt Size (one per hiker):

Small: _____x $10 = _____

Medium: _____x $10 = _____

Large: _____x $10 = _____

X-Large: _____x $10 = _____

Total = $_____

Payment Type: _____Check payable to **Conservancy for Cuyahoga Valley National Park (CVNP)**

_____Credit card number _____exp:_____

Three digit security code (on back of card): _____

Signature: _____

Mail this form and payment to: Conservancy for CVNP 1403 W. Hines Hill Rd. Peninsula, OH 44264

IF HIKERS ARE UNDER 18 YEARS OF AGE PARENT/GUARDIAN SIGNATURE IS REQUIRED:

X _____ **Date:** _____ **Phone:** _____

*If hikers are under 18 they must be accompanied on the hike by their parent/guardian or Scout Leader.
Scout Leader Name/Email/Phone:

_____

****Make sure to dress for the weather, bring your own lunch and provide return transportation from Lake View Cemetery****

CONTACT JAMES A. GARFIELD NATIONAL HISTORIC SITE, HIKE COORDINATOR, FOR QUESTIONS AT 440-255-8722

Please see other side of this form for additional information

HOLD HARMLESS

In consideration of this entry, I do hereby, for myself, my heirs, my executor and administrators, waive any and all rights and claims for damages I may have against James A. Garfield National Historic Site, the National Park Service, and any sponsors, coordinating groups, and individuals associated with this event, together with their representatives, successors and assigns, and I indemnify and save and hold them harmless for any and all injuries suffered, or alleged to have been suffered, in connection with said event.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER OR AM THE LEGAL GUARDIAN OF THE ABOVE REGISTERED MINOR. I HAVE READ THE DOCUMENT AND I UNDERSTAND ITS CONTENTS.

Print Name:_____

Signature: _____

Guardian Signature: _____

Date: _____/_____/_____

PHOTO CONSENT

I further grant permission to James A. Garfield National Historic Site, its employees, volunteers, coordinating groups or other associates, to use my likeness or likeness of minor child over which I am legal parent or guardian, whether by photographic, digital, video or other means and the full right without compensation to me, my family, heirs or associates to use said likeness in any commercial or non-commercial venture including but not limited to use in brochures, newsletters, videos, or any other means printed, electronically recorded or broadcast.

Print Name:_____

Signature: _____

Guardian Signature: _____

Date: _____/_____/_____